

Classification

98

REPORTS INVENTORY						CONTROL NO.							
PREPARE IN DUPLICATE													
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT								
CSB Status Report to D/Pers					<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING								
					3. FUNCTIONAL AREA <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PERSONNEL</td> <td><input type="checkbox"/> TRAINING</td> </tr> <tr> <td><input type="checkbox"/> LOGISTICS</td> <td><input type="checkbox"/> SECURITY</td> </tr> <tr> <td><input type="checkbox"/> MEDICAL</td> <td><input type="checkbox"/> FINANCE</td> </tr> </table>			<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING	<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE
					<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING							
<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY												
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE												
ADMIN. GENERAL OTHER (specify)													
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)								
6		monthly			1								
7. FORMAT (memorandum, form computer print-out, etc) memorandum		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT								
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>			<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		D/Pers				
<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.												
<input checked="" type="checkbox"/> NO													
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)									
DDS/OP/SPD/CSB				Weekly tally of activities.									
12. COST FACTORS													
A. MANUAL PREPARATION AND REVIEW COSTS													
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR						
GS-05 to GS-13	\$5.00		2		\$10.00		12 = \$120.00						
B. COSTS OF COMPUTER PRODUCED REPORTS													
TOTAL COSTS PER YEAR													
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.													
Accounts for branch activities in order to plan for ceiling, budget, and programming.													
14. FUTURE GOALS													
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> RETAIN AS IS</td> <td><input type="checkbox"/> OTHER (explain)</td> </tr> <tr> <td><input type="checkbox"/> CHANGE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> DISCONTINUE</td> <td></td> </tr> </table>						<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	<input type="checkbox"/> CHANGE		<input type="checkbox"/> DISCONTINUE		MAN-HOURS	DOLLARS
						<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)						
						<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE													
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION							
9/21/70		DD/Pers/R&P				(see of 10)							

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